

Office of Senator Jeff Sessions Application for Internship

Please complete and return by February 4 to:

**Senator Jeff Sessions
Intern Program
United States Senate
335 Russell Building
Washington, DC 20510**

Full Name: _____ **Age:** _____

Date of Birth: _____ **Social Security Number:** _____

Permanent Address:

Home Telephone: _____

Current Address:

Current Telephone: _____ **E-mail Address:** _____

College or University Attending:

Current Academic Status (Fr, Soph, Jr, Sr):

Academic Major: _____ **GPA:** _____

Advisor's name and daytime telephone:

Do you seek academic credit for this internship? (If yes, no stipend will be received):

Desired Summer Internship Sessions: (please indicate 1st, 2nd, and 3rd choice)

_____ **May 15 – June 9**

_____ **June 12 – July 7**

_____ **July 10 – August 4**

Are you applying with any other Congressional Offices (House or Senate), or with an agency for an internship? If so please specify:

Parents/Guardian: (Please list the first names of both parents if applicable)

Father's name and address:

Occupation: _____ Daytime phone: _____

Mother's name and address:

Occupation: _____ Daytime phone: _____

List any specific areas of the Senate or government that you would like to give major attention to during your internship:

Activities and Honors:
